

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-03-2003 90949 017 ***158.75

DOCUMENT # P02000056380

1. Entity Name

P.J. LODGE - NAPLES, INC.



Principal Place of Business

~~C/O LAW OFFICES OF JENNIFER L. WHITELAW LEGAL~~
~~3838 TAMiami TRAIL NORTH STE 310~~
~~NAPLES FL 34103~~

Mailing Address

~~C/O LAW OFFICES OF JENNIFER L. WHITELAW LEGAL~~
~~3838 TAMiami TRAIL NORTH STE 310~~
~~NAPLES FL 34103~~

2. Principal Place of Business

1370 Wisconsin Dr.
Suite, Apt. #, etc.

3. Mailing Address

1370 Wisconsin Dr.
Suite, Apt. #, etc.

City & State

Naples

City & State

FL

4. FEI Number

01-0716368

Applied For

Not Applicable

Zip

34103

Country

Zip

34103

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITELAW, JENNIFER L
C/O LAW OFFICES OF JENNIFER L. WHITELAW
3838 TAMiami TRAIL NORTH STE 310
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: D. LODGE-SCHMIDT, P.J.
STREET ADDRESS: 1370 WISCONSIN DRIVE
CITY-ST-ZIP: NAPLES FL 34103

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME: LODGE, P.J.
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03

Date

Daytime Phone #

CR2E034 (10/02)